

Excerpts from Michael Johnson's Deposition

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CROWSON
VS
WASHINGTON COUNTY

MICHAEL T. JOHNSON

April 17, 2018



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April 17, 2018

Michael T. Johnson

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

* * *

MARTIN CROWSON,

)

)

Plaintiff,

)

Case No. 2:15-cv-00880

vs.

)

Deposition of:

WASHINGTON COUNTY,

)

et al.,

)

MICHAEL T. JOHNSON

Defendants.

)

* * *

COPY

April 17, 2018

9:00 a.m.

WASHINGTON COUNTY TREASURER OFFICE
197 East Tabernacle Street
St. George, Utah

* * *

Linda Van Tassell
- Registered Diplomate Reporter -
Certified Realtime Reporter

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1 Tuesday or Thursday, depending on his schedule with
2 his other stuff.

3 Q. Okay. What do you do when Dr. Larrowe
4 is not on site but you need a doctor's input?

5 A. We call him directly. We have an access
6 line to him directly through a cell phone we use at
7 the jail. Also, if we need to call his office, his
8 clinic or his own cell phone, he's available to us
9 24/7 that way. If he's not, he usually designates
10 one of his nurse practitioners to be on call for him
11 if he's out of town or not available.

12 Q. What types of medical issues do you deal
13 with?

14 A. It's a broad range. Everything from a
15 head cold to an assault in the jail or someone
16 having a heart attack. It covers everything.

17 Q. So whatever medical issue comes up --

18 A. We're the first ones that deal with it.

19 Q. When you're on shift how many nurses are
20 on shift?

21 A. Monday through Thursday we usually have
22 two. Back then, it varied a little bit. We've had
23 ongoing issues with staffing, like any other place.
24 I think Monday through Thursday we try and have two
25 nurses on and Friday, Saturday, Sunday it's usually

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1 Q. Is that because brain injuries are
2 serious?

3 A. Brain injuries are serious, yeah.

4 Q. And time is of the essence in treating
5 them, right?

6 A. Can be, yes.

7 Q. Can be, what do you mean by that?

8 A. I just mean depending on -- I don't
9 diagnose. I'm not -- that's not my field. The
10 doctor diagnoses. I just assess and I pass that
11 information on.

12 Q. Okay. I'm going to switch here a little
13 bit to alcohol withdrawal.

14 A. Okay.

15 Q. What do you do to assess whether someone
16 is suffering from alcohol withdrawal?

17 A. Cognitive is important, neurological, if
18 they can ambulate, eat, talk without having any
19 problems. Vital signs are important. Heart rate is
20 very important. Shakes, a lot of times they'll have
21 symptoms of shakes, especially with alcoholics, so
22 we try to watch those carefully.

23 Q. Heart rate, what does heart rate tell
24 you?

25 A. If it's elevated, it's usually -- they

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1 Mr. Crowson had been in lockdown for at least seven
2 days?

3 A. No.

4 MR. MYLAR: How much longer are you
5 going to go? I just wonder if we could take a
6 break.

7 (Recess.)

8 Q. Before we went off the record we were
9 having a discussion about diagnosing or assessing
10 for brain injuries. In that policy or procedures
11 manual is there anything in there that says, "Hey,
12 if you get somebody with decreased mental status or
13 changed mental status you should go through this
14 list of evaluations to see if they have a brain
15 injury."

16 A. Not that I'm aware of.

17 Q. No policy at all.

18 A. I don't know.

19 Q. Okay. Have you ever been through any
20 training with Dr. Larrowe where he said, "If you've
21 got a patient with changed mental status, I want you
22 to go through these criteria to determine if there's
23 a brain injury."

24 A. No.

25 Q. Ever had discussion with Dr. Larrowe

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1 A. I wasn't there. No, I don't know.

2 Q. On June 2, 2014, a decision was made to
3 administer Mr. Crowson Ativan.

4 A. Yes.

5 Q. What information did you give
6 Dr. Larrowe that caused him to prescribe Ativan?

7 A. I'd have to see the note.

8 Q. 6-29.

9 A. When I came in that morning it was
10 charted that his heart rate was elevated again at
11 140 and two noted DTs occurring. He was probably
12 shaking, having some other issues as far as
13 cognitive.

14 Q. DT meaning --

15 A. Delirium tremens, sorry. And so at that
16 time I called Dr. Larrowe and, like you said, we'd
17 been observing him for several days -- not several
18 but three or four and at that time Dr. Larrowe
19 ordered that we give him Ativan 2 milligrams IM
20 injection, intramuscular and start him on librium
21 protocol. Continue to monitor patient closely and
22 that patient tolerated the IM injection well. That
23 was at 7:00 in the morning. Two hours later at 9:00
24 heart rate was 72, his oxygen saturation was 98
25 percent, which is all within normal. His heart rate

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1 methamphetamine. It can be a longer period.

2 Depends on the individual. Everybody is a little
3 bit different that way.

4 Q. DTs, the delirium tremens that you noted
5 on the 29th, do you remember how those manifested?

6 A. Not specifically. He would have had the
7 shakes. He would have maybe been sweating. Vital
8 signs are off again. He's a little confused after
9 that amount of time.

10 Q. If he was sweaty, you would note that,
11 wouldn't you?

12 A. Perhaps; perhaps not.

13 Q. Would you consider that to be an
14 important symptom?

15 A. If it was happening in this case.

16 Q. Delirium tremens would also be different
17 from person to person, right?

18 A. Yes.

19 Q. It can be very severe shakes?

20 A. Yes.

21 Q. It can also be so mild you would have to
22 touch his fingertip to see if they're shaking,
23 right?

24 A. You would have to do a neuro check,
25 check his vital signs, maybe do a manual pulse.

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1 Q. You don't remember how his delirium
2 tremens manifested.

3 A. I don't recall exactly.

4 Q. What are the contraindications for
5 librium?

6 MR. MYLAR: Objection. Lack of
7 foundation.

8 A. I don't prescribe so I don't know.

9 Q. Do you know the contraindications for
10 Ativan?

11 A. Not specifically, no.

12 Q. Did Dr. Larrowe ask you about any of the
13 contraindications for Ativan or librium?

14 A. No.

15 Q. Did Dr. Larrowe ask you for the history
16 of where the patient had been for the last 11 days?

17 A. He asked me for a history of what we
18 were doing since he's under observation.

19 Q. Did he ask you for a history of whether
20 he had had access to other inmates in general
21 population where he could have received any kind of
22 smuggled drug or alcohol?

23 A. Did he ask me that?

24 Q. Yes.

25 A. No, he didn't ask me that.

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1 right.

2 Q. And you were aware of that at the time,
3 in the June 25th timeframe?

4 A. Yeah. He had been out there before and
5 we knew he was a user, was a drug user and had
6 problems.

7 Q. You testified earlier that when you
8 tried to take his blood you had trouble and one of
9 the reasons is because of scarring?

10 A. Yes.

11 Q. Can you help us understand that
12 scarring?

13 A. I wasn't able to get any vein
14 penetration because of the scarring on his veins.

15 Q. Did you have an understanding of how
16 Mr. Crowson developed those scars?

17 MR. SCHRIEVER: Objection. Speculation.

18 A. I don't know.

19 Q. Did you believe it was from heroin use,
20 intravenous drug use?

21 A. That's normally what we see when someone
22 has been using.

23 Q. Okay. Do you have any recollection
24 whether those scars appeared to be fresh or older?

25 A. No, I don't recall.